Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-08-2010</u>	Address:	<u>8912 E CR500N</u>	
Case #:	<u>16F19646</u>		<u>Kokomo, IN 46901</u>	
County:	Howard			
Type of La	nboratory Seizure (check one)	Seizure Location (Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: garage	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): N/A				
Red Phosphorous/Iodine Reaction(s): N/A				
☐ Flammable Solvents: <u>barn</u>				
Water Reactive Metal (Lithium): <u>living room</u>				
Anhydrous Ammonia: N/A				
Hydrochloric Acid Gas Generator(s): N/A				
Corrosive Acid: N/A				
Corrosive Base: Gargage				
Other (i	tem and location): <u>N/A</u>			
Yes No	er age 18 discovered (check one) /A (number present) eport to Child Protective Services	Ephedrin Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip skomo PD investigation	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ement: <u>Kokomo Fd</u> Forartment: <u>Howard Co.</u> Forction Service: <u>N/A</u>	Fax: <u>(765)</u> Fax: <u>(765)</u> Fax: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.